

FISCAL NOTE

HB 2586 - SB 2906

March 23, 1998

SUMMARY OF BILL: Creates standards for the networks of health maintenance organizations so that providers are sufficient in numbers to be available to enrollees without unreasonable delay. The HMO must establish criteria for monitoring networks by setting standards for clients per provider, geographic access, waiting times, and hours of operation. The bill also requires an adequate number of acute care hospitals, specialists and sub-specialists. Requires that the HMO cannot charge an enrollee a greater cost when going out of network if the plan has no provider in that specialty.

ESTIMATED FISCAL IMPACT:

MINIMAL

According to the Department of Health provisions of the bill are already contract requirements of the TennCare MCO's.

Assumes that HMO's contracting with the state employee health plan and most local government health plans will already meet most of the standards contained in the bill.

CERTIFICATION:

This is to duly certify that the information contained herein is true and correct to the best of my knowledge.



James A. Davenport, Executive Director

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